



**City of Nashua**  
Community Development Division  
City Hall, 229 Main Street, PO Box 2019  
Nashua, New Hampshire 03061-2019

Community Development	589-3095
Planning and Zoning	589-3090
Building Safety	589-3080
Code Enforcement	589-3100
Urban Programs	589-3085
Economic Development	589-3070
Conservation Commission	589-3105
FAX	589-3398
<a href="http://www.gonashua.com">www.gonashua.com</a>	

**NASHUA LEAD PAINT PROGRAM  
UNIT INFORMATION**

**This form is to be completed by the head of household.**

Address: \_\_\_\_\_

Unit #: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Total Number of Rooms: \_\_\_\_\_ (Include Kitchen and Baths)

Square Footage of Unit: \_\_\_\_\_ (If known)

Do you receive rental assistance? \_\_\_\_ Yes \_\_\_\_ No

If yes, what amount does your agency pay? \$ \_\_\_\_\_

**Information for Government Monitoring Purposes**

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to provide this information, but are encouraged to do so. The law provides that an agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to provide it, under Federal regulations this agency is required to note race and sex on the basis of visual observation or surname. If you do not wish to provide the above information, please check the box below.

☐ **I do not wish to provide this information**

**Race/National Origin:**

☐ American Indian, Alaskan Native ☐ Asian, Pacific Islander  
☐ Black ☐ Hispanic ☐ White ☐ Other (specify) \_\_\_\_\_

**Sex:** ☐ Female ☐ Male

Female Head of Household: ☐ Yes ☐ No

# NASHUA LEAD PAINT PROGRAM OCCUPANT & INCOME FORM

NAME: \_\_\_\_\_  
(Head of Household)

**Proof of income for each adult is required.** Examples include tax returns, 4 recent pay stubs, wage records, employer verification (directly from employer on letterhead). Please indicate if a full-time student.

Please list every person living in your unit (include yourself)

**Please list children less than six (6) years old who visit your home often. If a child visits please enter their relation (such as part-time custody, friend, cousin, etc.) and the amount time spent visiting the property.**

First	Last	Age	Date of Birth	Sex	Gross Income (Indicate if yearly, monthly or weekly)
Example: Carmen	Santos	43	5-20-1964	F	\$400 weekly

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<b>FOR OFFICE USE ONLY</b>		
Family Size: _____	# of Children > 6 years: _____	Staff Initials _____
Income: _____	% of Median _____	Date _____

# NASHUA LEAD PAINT PROGRAM LEAD TEST FORM

Name \_\_\_\_\_  
(Head of Household)

**Please provide proof of age for children less than six (6) years old, who live on the property. Examples include, but are not limited to, a birth certificate, taxes, medical records or school records.  
(Applies only to owner-occupied properties)**

Please list children. Have they been tested for lead in the past three (3) months?

Name \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ The above listed children have not had their blood lead levels tested in the past three (3) months; however I agree to have them tested at this time and will supply the results to the Nashua Lead Paint Program.

\_\_\_\_\_ For religious and/or personal reasons, I choose not to have my child (children) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Nashua Lead Paint Program.

\_\_\_\_\_  
(Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

PLEASE READ & SIGN THIS FORM

## NASHUA LEAD PAINT PROGRAM TENANT INFORMATION/AGREEMENT FORM

### Program Requirements:

Your landlord has applied to the Nashua Lead Paint Program to help address lead hazards in the property. If the property qualifies, a Licensed Inspector will do a lead-paint inspection and risk assessment in your home. If there are any lead hazards identified, a Licensed Deleader will perform the work. This work will make your home a safer place for young children who live there or visit.

Your landlord has already agreed to the terms of the program. In order for us to assist your unit, you must also agree to the following:

### Relocation during deleading work:

During the time that the deleaders are working in your unit, your family may have to temporarily move out. The Program will notify you if you are required to temporarily move ahead of time. The **average time is two (2) weeks**. You cannot go in and out of your unit during this time. You cannot move back in until you have been notified that the work is done and it is safe. To make sure your unit is safe, the inspector will take samples for lead dust throughout your home. A laboratory will test these wipes samples. Relocation is required so that no member of your family will be exposed to lead dust during deleading. State and Federal Laws require relocation.

It is advised that during deleading you stay with family or friends. This program offers a stipend (check) to help with relocation costs. The check will not be released to you until **after** the work is done. The check is only released if you have followed all the terms of the program. There is only ONE check per unit allowed and you must come to our office with ID to pick it up.

Initials \_\_\_\_\_

### Non-Liability of personal injury/damage:

I will indemnify and hold the City of Nashua's Lead Paint Program and its officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

Initials \_\_\_\_\_

**Please sign and return this copy**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

**\*Please return this page\***

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### **KEEP THIS PAGE FOR YOUR RECORDS**

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